

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association, Hotel Del Monte, Del Monte, California. Date for 1943 Session not yet decided.

American Medical Association. No meetings of Scientific Assembly. Meeting of House of Delegates will be held in Chicago.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coordinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday programs at 8:45 a.m., under the title "Your Doctor and You."

In November KFAC will present these broadcasts on dates of November 7, 14, 21 and 28.

The Saturday broadcasts of KECA are given at 10:30 a.m., under the title "The Road of Health."

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Pharmacological Items of Potential Interest to Clinicians*

1. *Students and Medical Care*: Have you seen R. S. Aitken's snappy remarks on Medicine Tomorrow, which he addresses to medical students (*Lancet*, 243:235, Aug. 29, 1942)? Maybe you've noted the series on Distribution of Health Services in the Structure of State Government, culminating in J. W. Mountin and E. Flook's Medical and Dental Care by State Agencies (*Pub. Health Rep.*, 57:1235, Aug. 21, 1942).

2. *Chemotherapy*: A. T. Fuller, F. Hawking and M. W. Partridge (*Quart. J. Pharm. Pharmacol.*, 15:127, 1942), report that sulfapyridine and diazine are absorbed from surface wounds at low constant rates, while sulfathiazol is taken in more quickly, and sulfanilamide most rapidly of all. F. R. Bradbury and D. O. Jordon, in discussing surfacing behavior of antibacterial compounds (*Biochem. J.*, 36:287, 1942), suggest that association of such drugs with cells is a function of $-NH_2$ groups and that polarity produced by resonance is a factor influencing activity. E. J. Poth finds succinylsulfathiazol better than sulfaguanidine for bacillary dysentery (*Arch. Surg.*, 44:208, 1942; *J.A.M.A.*, 120:265, Sept. 26, 1942; *J. Lab. Clin. Med.*, in press).

3. *Russian Work Filters In*: T. A. Balaba (*J. Physiol., USSR*, 29:318, 1940), says that thyroglobulin in low concentration stimulates formation of vitamin A from carotene, while other globulins have no such effect, and that minced thyroid does same, but that thyroxin inhibits. A. O. Voinar and M. P. Babkin (*Ibid.*, p. 345), survey action of oxalate on blood potassium, calcium and magnesium. L. A. Crandall, Jr. (*Ibid.*, p. 303), shows that in hungry dogs the liver can furnish 0.5 g glucose/kg/hour. I. A. Pigalev (*Ibid.*, p. 255), indicates variety and degree of biochemical disturbances through body caused by nerve trauma, such as 10 minute electrical stimulation of sciatic.

4. *Greetings to Herbert Evans*: A. C. Crooke and C. J. O. Morris (*J. Physiol.*, 101:217, 1942), revive and improve old California work of A. B. Dawson, H. M. Evans and D. H. Whipple (*Amer. J. Physiol.*, 51:232, 1920), on use of blue tetra azo dye T.1824 ("Evans Blue,"—here's to you, Herbert!) for rapid estimation of plasma volume.

5. *Drugs in Therapy*: E. Simonson and N. Enzer (*J. Indust. Hyg. Tox.*, 24:205, 1942), find that desoxyephedrin ("Pervitin"), gives subjective relief from fatigue like "Benzedrin." E. Bulbring and J. H. Burn (*J. Physiol.*, 101:224, 1942), confirm H. Viets and R. Schwab (*J.A.M.A.*, 113:559, 1939), that in treating myasthenia gravis it is better to give ephedrin with prostigmine than to give the latter alone. G. Brownlee, H. W. Bainbridge and R. H. Thorp (*Ibid.*, p. 148), find iron triethanolamine chelidamate a soluble rapidly absorbed iron complex for parenteral iron therapy; it quickly builds hemoglobin, is not excreted in the bowel, though some may pass into urine, but iron ions may give toxic reactions in hypochromic anemia. H. A. Oelkers (*Arch. Exper. Path. Pharmacol.*, 197:193, 1941), reports toxicity of theophylline increased more by combination with ethylene-

* These items submitted by Chauncey D. Leake, formerly Director of U. C. Pharmacologic Laboratory, now Dean of University of Texas Medical School.

diamine than with diethanolamine, though both increase its diuretic action; and phenobarbital and theophylline are mutual antagonists.

6. *Odds and Ends*: C. W. Emmens (*J. Endocrin.*, 3:168, 1942), discusses biochemorphology of estrogens and pro-estrogens related to stilbene and triphenyl ethylene. M. G. Eggleton gives neat study (*J. Physiol.*, 101:172, 1942), of alcohol diuresis in man, showing urine alcohol 30 per cent higher than blood and diuresis inhibited by post-pituitary. Lot of ideas in K. A. Oster's note on anti-pressor and depressor effects of oxidation products of pressor amines (*Nature*, 150:289, Sept. 5, 1942). G. B. Frost and H. M. Gelly discuss action of mustard gas on skin (*Pharm. J.*, 149, Aug. 29, 1942), while D. Marsh's ideas on war gases appear in *Science* (96:194, Aug. 28, 1942), and in *Time*, Sept. 28, 1942.

Removal Plan for Sick Set.—Plans have been completed, as a precautionary measure, for the orderly removal of 43,000 inmates of nine State hospitals and 15,000 chronic cases from county institutions in the event of enemy action in California.

That fact has been revealed by Thomas F. Clark, State hospital officer of the State Council of Defense. Clark said that in the event removal of State hospital inmates to institutions in the middle-west became necessary, an excess of 50,000 hospital beds would be available immediately for war casualties.

Clark added that he wanted again to reassure relatives and friends of State hospital inmates that the plan for the removal of such inmates to middle-western institutions has been developed only as a precautionary measure.

Irwin Blood Bank Offers New Service for Babies.—A "Baby Blood Bank." . . .

It's a new and unique feature of the Irwin Memorial Blood Bank of the San Francisco County Medical Society.

Special baby-sized bottles of specially-prepared baby-strength blood are now being sent to infants requiring transfusions in San Francisco Bay Region hospitals, the San Francisco County Medical Society's Blood Bank Commission disclosed today.

The innovation has a double purpose—to conserve blood and to provide a higher quality service to infants, the Blood Bank Commission explained.

Formerly, when the adult-size full pint bottle of blood was furnished babies, about half the blood was not required, and was often wasted. Furthermore, the anti-coagulant concentration of sodium citrate used in adult transfusions wasn't always entirely satisfactory for babies.

Now, the special half-pint bottle with a lower anti-coagulant concentration is found to be just right for the "half-pint" patient.

Calls for "baby blood" are increasing all the time, the Blood Bank Commission revealed. They are received daily. It isn't that San Francisco babies are less healthy than they used to be; it's just that there are so many of them, and the use of blood to prevent emergencies as well as to meet emergencies is becoming more prevalent, the doctors said.

Baby conditions requiring transfusions include birth damage, under-nourishment, anaemia and jaundice.

The Blood Bank Commission pointed out that prospective fathers in the armed services may be confident that their wives and families in San Francisco now have better protection than ever before against conditions requiring blood transfusions.

Blood donated to the Irwin Blood Bank and not immediately required for transfusions is pooled and pre-

served as plasma as a safeguard against an emergency to this city.

Volunteers who can donate blood are urged to make appointments by telephoning Walnut 5600, or address: San Francisco County Medical Society, 2180 Washington St., San Francisco.

California Tuberculosis Association.—"Follow the example of the armed forces . . . Get a chest x-ray!" is the theme of a nation-wide educational campaign to be launched next April by the 1800 tuberculosis associations in the United States.

Funds to finance this campaign, aimed at protecting the productive power of the United States against tuberculosis, will be raised by the 36th annual sale of *Christmas Seals* which opens November 23, 1942. California's 62 tuberculosis associations are taking part in this war work.

Special posters, pamphlets, exhibit material and radio programs have been prepared under the direction of the Committee on Educational Literature of the American Trudeau Society and the Health Education Committee of the National Conference of Tuberculosis Secretaries.

"Sudden growth of war industries has brought armies of new industrial workers and their families to many communities," Kendall Emerson, M. D., managing director of the National Tuberculosis Association, says.

These have not yet become a part of the community pattern. It is essential that the tuberculosis associations, in coöperation with the public health officers and nurses and the medical profession, reach these millions of workers with authoritative health facts and concrete suggestions for health protection.

Medical Board Elects Dr. Percival Dolman.—The State Board of Medical Examiners in Sacramento today elected Dr. Percival Dolman of San Francisco, as president, succeeding Dr. Fred De Lappe of Modesto.

Dr. George Thomason of Los Angeles, was named vice-president and Dr. Charles Pinkham was reelected secretary, his 30th year in that capacity.—San Francisco *Examiner*, October 22.

Adequate Medical Care for Civilian Population.—A great deal of anxiety among the people of this community exists as a result of reports and widespread rumors that there are not enough doctors remaining to take adequate care of the civilian population; that those who remain are often too busy to answer emergency calls. The Los Angeles City Health Department, following conferences with the Los Angeles County Medical Association, wishes to state emphatically that while many medical men have been called into service with the armed forces since the first of the year, there is no need, at the present time at least, for the people of this community to worry about a possible inability to obtain the services of a physician in time of sickness.

It is true that the armed forces already have taken many physicians under the age of thirty-six years and will take many physicians under the age of forty-five before the year is over. The doctors who remain must assume the added work of caring for the patients of those who have left. Until the situation grows far worse they will be able to and will carry that load. However, if the people of this community want to be assured of medical care when medical care when medical care is needed, a definite responsibility is theirs. To insure the services of a physician in times of severe sickness they must know that it is their duty now to conserve the physician's time. This can be done easily in several ways:

1. Do not wait until you are seriously sick before call-

ing your doctor. If, during the day you are not feeling well, call your doctor before nightfall. Doing this accomplishes two important things: it brings your doctor to you at the very beginning of what might become a serious illness, giving him the opportunity of bringing about a speedy correction of the condition in many instances, saving you both time and money. It also saves the doctor from making a night call, thus conserving his energy for the heavy tasks that face him the following day.

2. Do not wait until you are so sick that you cannot go to the doctor's office. Much of the doctor's time can be saved for other patients through the foresight you exhibit going to the doctor's office before you become so sick he has to come to your home.

3. Make a definite appointment with your doctor and keep it. This will save your time and give the doctor more time during this emergency to see more patients who may need his attention just as much, if not more than you do.

There should be no shortage of physicians to care for the civilian population of the city of Los Angeles if the citizens themselves will pay heed to the above advice. It is true that a real emergency exists, but if we all do our part there should be no need for anxiety.—George M. Uhl, M. D., Health Officer.

University of Texas Medical School Vice-President Chosen.—Dr. Chauncey Leake, former pharmacologist of the University of California School of Medicine, was recently appointed executive vice-president and dean of the medical branch of the University of Texas at Galveston, advises the *Austin American*. Dr. Leake succeeds Dr. John W. Spies, who was recently released by the board of regents. Dr. Leake will also have charge of the John Sealy Hospital and the college of nursing.

Dr. Leake has held the chair of pharmacology at the University of California for the past fourteen years. He organized the department, which is now recognized as one of the foremost in the country. At times he has served as dean of the University of California. Prior to his position in California, he was assistant professor of pharmacology in the University of Wisconsin.

En route to Texas from California, Dr. Leake visited medical leaders in Wichita Falls, Fort Worth, Waco, and Austin, conferring with the governor of the State and university officials in the last named city.

Dr. Leake is reported by the *Galveston Tribune* to have in mind the development of a State-wide consultation and diagnostic service along health lines with particular reference to indigents. With regard to the matter of relocation of the medical branch, Dr. Leake stated that in certain special and graduate fields, it may be necessary to use other localities, but the rôle of the medical college at Galveston would be that of leadership. He averred that the contributions from the medical faculty had been of the highest order and excellence. He expressed the view that the University should avail itself of impartial advice on medical matters that may come from medical and health practitioners throughout the State, such as the present advisory committee named by the board of regents, made up of representatives of the medical groups of the State. He is enthusiastic regarding the development of the medical branch of the University of Texas into a great institution of geographic medicine.—*Texas State Journal Medicine*, October, 1942.

Georgia Declares Quarantine on Venereal Disease Cases.—The Georgia Board of Health declared a State-wide quarantine upon all persons suffering with any venereal disease and ordered the detention and treatment of all such persons not receiving medical care.

Violation of the regulations established to enforce the quarantine was made a misdemeanor.

The board provided that any person entering Georgia while suffering from a venereal disease, whether in a contagious or noncontagious stage, must report to a licensed physician for treatment within 24 hours after arrival in Georgia.

Doctors of Medicine as Others See Them.*—During recent years, the medical profession and its work have been much misrepresented in certain lay publications. A perusal of editorial comments appearing in some California newspapers, in which appreciation is expressed for the healing and altruistic work of physicians, should therefore be of interest.

The above item, with some quotations appeared in *CALIFORNIA AND WESTERN MEDICINE* (July issue, pages 108-109; October, 269-270). Some recent excerpts follow:

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STAY WELL

A recent headline in *Newsweek* said, "Services' Call for Doctors Means United States Must Stay Well." And the statistics back that up thoroughly.

This country has 176,000 physicians, of which 22,000 have been taken by the army. If the goal of a 9,000,000-man army is attained, about 58,000 doctors—one-third of the nation's total—will be in uniform. And the situation is about the same in the case of nurses. We have 300,000 trained nurses—and 50,000 will be required for the army and the navy by the middle of next year.

No one can complain about this—America's fighting men will and must have the best medical attention possible. What it means is that all remaining doctors must work far harder and longer than ever before. The medical schools are stepping up the tempo of medical training as far as practical. And, in addition, civilians must help. Here is how *Newsweek* puts it: "The civilian will also have to pull his oar in the boat. Instead of expecting punctual appointments and home visits, he will have to wait his turn in the doctor's waiting room. Preventive medicine will loom larger. Face-lifting operations will have to yield precedence to emergency appendectomies. By the war's end, hypochondriacs and the bedside manner alike may well have become part of America's past."

This is a small "sacrifice" indeed for the civilian to make in the interest of our soldiers' health—as well as the health of those who stay at home. Give our doctors this kind of sensible coöperation—and America's standards of medical care will remain the highest in the world.—*San Mateo Times and Leader*, October 5.

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HEALTH AND VICTORY

As the army and navy grow, so do their medical corps. The result is inevitable: a shortage of doctors to care for the health of the civilian population. In fact the army already has told the nation that it cannot expect to have more than one doctor for each 1500 civilians, and even that may be an optimistic estimate.

Since the supply of doctors is strictly limited and new ones cannot be trained overnight, the nation faces the considerable task of trying to keep healthy without recourse to its usual amount of medical assistance. If the nation can do so, the shortage of physicians will not have serious repercussions; if it cannot, the war effort is certain to be effected adversely. . . .

It might be well for all of us to brush up on the principles of health and hygiene in an effort to keep

* For editorial comment, see page 287.

the nation as healthy as possible. Although we can't learn enough to have the equivalent of a doctor in every home, we can absorb sufficient essential information to make easier the job of the doctors who are left us and to assure the armed services of the full medical care which they require.—San Diego *Union*, October 12.

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BE THOUGHTFUL OF DOCTORS AND NURSES

Nobody, in these times of stress and scarcity, should waste the valuable time of physicians and surgeons by running to the doctor's office with imaginary ills. All the time of every doctor is needed now in the treatment of persons with serious ailments. Physicians must devote their time to keeping war workers on the job as many days as possible and prescribing for citizens who are actually suffering. Persons who allow their nerves to get the better of them and imagine they are being neglected should frequently take a nice long walk in the sunshine.

These are times when every good American should try to live sensibly and avoid excesses or exposures that may lead to ill health. Special attention should be given to the physical welfare of children. Keep them dry and warm while outdoors. See that they get plenty of wholesome food. In other words, keep them well.

The military service is calling for more and more physicians. Yesterday the dispatches said fifty thousand medical men are wanted for service to their country. In medical attention, as in everything else until this war is won, the men in uniform come first. Every city in America has lost many of its physicians. Those who left must carry on the work by taking care of their own patients and those of absent doctors as well. We should bear this in mind and stop doing things that cause us to require the help of medical men. It is perfectly proper to call a physician if one is really ill. But "enjoying frail health" is one of the luxuries we shall have to forego for the duration, along with joy-riding.

We have a war to win.—Porterville *Recorder*, September 29.

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DOCTORS PRESSED FOR TIME; LOCAL FOLKS CAN HELP

One of the most perplexing problems your doctor has to face today isn't even mentioned in the medical books. It is the lack of time.

Already, many thousands of physicians have left their private practice to service with our armed forces. By the end of the year thousands more will be in uniform.

All this means that the demands on doctors at home will be heavier than they have ever been before. And since your family physician may have to do the work formerly done by two, or even three physicians, he will need all the help and coöperation you can give him during this emergency.

What can you do to help save his time? A number of things. For example, let us suppose that you don't feel well, but are not so ill that you have to go to bed. In that case, telephone your doctor and describe your symptoms. He will tell you whether it is better for you to wait at home until he comes, or go to his office.

If you are not able to be up and around, and you have to call the doctor to your home, try to telephone him at a reasonable hour—say, before he starts out in the morning. If you and all his other patients do this, he can plan his day's visits more efficiently. You'll not only be helping him save time, gas, and tires, but because you called early, he may perhaps get to see you sooner than he otherwise could.

If you should become seriously ill and your doctor

should advise you to go to the hospital, do so by all means. There he can arrange for you to receive the extra care that means so much toward getting you back on the job sooner.

The best way health on the home front can be maintained during the war is for you and your doctor to work together as a team.—Dinuba *Sentinel*, September 17.

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CIVILIAN DOCTORS TO BE SCARCE

The most serious problem faced by the medical profession today lies in the vast numbers of doctors who are being called to service with the armed forces. It is the government's policy that American fighting men must be given the finest medical care possible, and doctors are joining up by the thousands.

In order to meet both military and civilian needs for doctors, medical groups are taking definite action. During the next three years, for instance, U. S. medical school will graduate more than 21,000 students as a result of recently-adopted programs for accelerating the education process. This is 5,000 more than would have been graduated without the accelerated programs.

Retired doctors are coming back into the harness, and other doctors are working harder. The most efficient utilization of all our medical resources is rapidly being attained.

So far as the patient is concerned, authorities are urging that everyone do what he can to "spare the doctor." That simply means that we shouldn't ask for unnecessary house calls, and we shouldn't waste the doctor's time when he comes. If you take more of his attention than you actually need, someone else may have to go without. If patients will remember this, it will help greatly to solve the problem.—Palmdale *Antelope Valley Press*, September 24.

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AMERICAN ACHIEVEMENT

In some circles, the opinion seems to be held that medical groups have consistently opposed any and all efforts to give the people of the country better health protection, and better treatment when ill. The fact is, as any informed man knows, that the doctors are as eager as anyone to put into effect sound and progressive innovations.

The American hospital system is an example. It is, beyond argument, the best system of its kind on earth. It is designed to give people of small means treatment as good as that given people of large means. Like anything created by humans, it probably has its faults. But, by and large, it has been a great success, and has made tremendous contributions to the health of the nation.

Doctors have, and necessarily, opposed radical schemes for socializing medicine—for making doctors governmental employees, dependent on political favoritism for their jobs and their incomes. The records show that, in every nation where socialized medicine exists, the standard of national health is far below ours—and far less progress is made in fighting and controlling disease. In this nation, under our system of private medicine, many of the most revolutionary medical discoveries in history have been made—and progress never ends. At this particular time, the work being done by American doctors in the all-important field of war medicine is particularly outstanding.

The American medical system has worked. It has produced health, happiness, and longer life for millions. It is one of the typically American achievements.—Los Angeles *Ind. Review*, October 1.

Life is long if it is full.

—Seneca, *Epistulae ad Lucilium*. Epist. xciii, 2.

Kaiser Enlarges Permanente Hospital Building

Ground has been broken for a \$200,000 addition to the Permanente Foundation Hospital, the California Kaiser Co. announced today.

The new development, supplementing the existing Foundation Hospital at MacArthur Blvd. and Broadway, Oakland, was made necessary by the increased number of workers in the three Richmond shipyards.

It was also revealed that work will begin within two weeks on a 20- by 60-foot extension to the field hospital operated by the Foundation at 14th Ave. and Cutting Blvd., Richmond.

Actual construction costs of the new Oakland addition will be \$130,000. The other \$70,000 will be used to equip the 12 four-bed wards and two single bedrooms, and for landscaping and other sundry items. The structure will be a one-story and basement building. All wards and rooms will have outside exposure.

The Richmond undertaking will require about 45 days of construction. Plans are also under way for building a 50-bed in-patient wing at the field hospital, it was stated.

The Foundation was recently established by Mr. and Mrs. Henry J. Kaiser to provide hospital care for workers at the Richmond yards which now number more than 70,000.—*San Francisco News*, November 2.

Kaiser Adds to Permanente Hospital in Oakland

Ground was broken today for construction of an addition to the Permanente Foundation Hospital at MacArthur Blvd. and Broadway, Oakland.

Doubling the hospital's present capacity for "in" patients, the \$100,000 addition will help ease the strain on facilities caused by the increasing number of Richmond shipyard workers, now numbering more than 70,000, according to Ned Dodds, supervising constructor for the California Kaiser Company.

The development will be followed in two weeks by a 50-bed in-patient wing at the field hospital operated by the Foundation at Fourteenth Ave. and Cutting Blvd., Oakland.—*San Francisco Call-Bulletin*, November 2.

OPA Lists 20 Classes for 'C' Gas Ration Cards

A list of twenty classifications in which automobile drivers may be eligible for extra gasoline under rationing was announced on October 27, by the Office of Price Administration (OPA).

At the same time the OPA said that eligibility for "C" or extra ration cards generally will be tightened when national rationing begins November 22. One notable example will be the elimination of all types of salesmen from the preferred class.

How It Works

Announcing the preferred lists, the OPA said:

"No ration for occupational driving will be allowed unless the applicant establishes either that he has formed a ride sharing arrangement with at least three other persons, or that this is not feasible and that no reasonably adequate alternative means of transportation are available."

These are the "C" or preferred mileage classes:

By officials, representatives or employees of a Federal, State, local or foreign government on official business; by officials, representatives or employees of the American Red Cross on official business.

Law Makers

Daily or periodic travel between home and work is not to be considered official business under the plan. . . .

By a physician, surgeon, dentist, osteopath, chiropractor, or midwife, for making necessary professional

calls outside his office if he regularly makes such calls or for travel between offices maintained by him, but only if the applicant is licensed as such by the appropriate governmental authority.

By a farm veterinary for rendering professional services at agricultural establishments, but only if the applicant is licensed by the appropriate governmental authority and regularly renders such professional services.

By a medical intern, student of an accredited medical school or a public health nurse (but not including a private nurse) employed by or serving under the direction of a clinic or hospital, governmental agency, industrial concern, or similar organization, for rendering necessary medical, nursing or inspection calls.

By an embalmer for rendering necessary services in connection with the preparation for interment of deceased persons, but only if the applicant is licensed as such by the appropriate governmental authority. . . .

By a duly authorized religious practitioner, other than a minister, in serving members of an organized religious faith in the locality which he regularly serves. This does not include travel from home to place of worship. . . .

By workers, including executives, technicians and office workers, for necessary travel to, from, within or between military and hospital establishments, public utilities and industrial, extractive or agricultural establishments essential to the war effort, for purposes necessary to their functioning or operation. This does not include travel for sales, promotional and certain other purposes.

For transportation of authorized agents of government, management of labor, to, from, within or between the establishments specified in the preceding paragraph in order to maintain peaceful industrial relations. . . .

By members of the armed forces of the United States or State military forces on official business, where no military vehicle is available or for necessary transportation between home or lodging and post of duty (but not for transfer from post to post). . . .—*San Francisco Examiner*, October 28.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Highest Court Will Review Medical Case

Tribunal Agrees to Decide If Practice is 'Trade' Under Act

Washington, Oct. 12.—The Supreme Court agreed today to review the antitrust law conviction of the American Medical Association and the District of Columbia Medical Society with its question of whether the practice of medicine is a "trade" within the meaning of the Sherman Act.

Plot Convictions

The medical societies were convicted in May, 1941, of conspiracy to restraint trade in the District of Columbia, in violation of the Sherman Act, through activities allegedly aimed at Group Health Association, Inc., a cooperative organization designed to procure low-cost medical treatment for its members, mostly Government employees.

Among other acts, the societies were alleged to have sought to foster a boycott of physicians connected with the cooperative.

The A.M.A. was fined \$2,500 and the local society \$1,500. . . .—*San Francisco Examiner*, October 14.

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Medical Plan Here Outlined

Organized medical and dental service in the Greater Vallejo area on a rationed basis is the chief feature of a plan proposed by the War Manpower Commission in San Francisco which has termed Vallejo as one of the areas in the United States suffering a critical shortage of medical care for civilians, it was revealed today.

The plan calls for cooperation between the U. S. Public Health Service and the WMC to stretch health service over the entire community under a joint financing by federal and state governments.—*Vallejo Chronicle*, September 23.

"Political Notice"

Editorial comment is made in the current issue of CALIFORNIA AND WESTERN MEDICINE concerning a certain "political notice." Part of the text of the notice appears below, for the information of readers. (For editorial comment, see page 283. Quotation follows:

"The above shows the SINISTER PLAN. Now you know WHY Dr. Ray Lyman Wilbur, M.D., wants a MEDICAL MONOPOLY in California. Isn't it perfectly plain that he and his cohorts intend to be THE Medical Dictators of California?

"Through their Medical Schools THEY will DICTATE the courses, control the thought and action of ALL medical students. They will REGIMENT the Nurses. Through their newly created Super State Board of College Professors—from their own colleges—they will say who shall and who SHALL NOT practice the healing-arts in California. The Medical Trust and the Medical Dictators will be in ABSOLUTE CONTROL.

"And Just WHO is Dr. Ray Lyman Wilbur, M.D.?

"Could it be possible that he has a SELFISH MOTIVE?

"A former President of the American Medical Association, for years a prominent member of its Governing Board, and Chairman of its all powerful Council on Medical Education and Hospitals, it is now evident that Dr. Ray Lyman Wilbur, M.D., is DETERMINED to create a Medical Dictatorship in California.

"That is WHY he wants YOU to vote for his PET MONOPOLY. That is WHY he asks YOU to give up YOUR Freedom of Speech, YOUR Freedom of Thought, YOUR Freedom of Action, YOUR Freedom of Religious Practice. He is the man who would be the Hitleresque Medical DICTATOR OF CALIFORNIA, setting up "FIVE LITTLE HITLERS" on a NEW State Board to do his bidding. This Great "I AM" of the Medical Monopoly would even tell YOU whether or not YOU could PRAY for DIVINE GUIDANCE—actually DICTATE which religious groups could use PRAYER to HEAL THE SICK.

"Is THAT your idea of WHAT our boys are fighting for?

"Is THAT your idea of FREEDOM, DEMOCRACY, LIBERTY, and JUSTICE?

"Let's SMASH this SINISTER plan NOW!

"Would YOU be willing to DIE on foreign soil to enable a man in this country to *snatch your freedom* from you and become a medical DICTATOR?

"Shall we SACRIFICE our SONS and DAUGHTERS on foreign soil for that kind of FREEDOM?

"Fortunately for the U.S.A. very FEW people have the same sort of ideas as Dr. Ray Lyman Wilbur, M.D., and his gang of MEDICAL MONOPOLISTS. That's WHY the people of California are going to DEFEAT HIM and his gang by Voting NO on BOTH Propositions No. 3 and No. 16."—San Francisco News, November 2.

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Doctors Get Pay for City Aides' Services

Checks totaling \$23,248.50 were being mailed today to doctors serving the municipal employees' Health Service System, compensating them for July services at the rate of 90 cents on each \$1 unit.

The July payment compared with 88 cents on each \$1 unit for June. Other bills authorized for payment by the system's directors were: hospitals, \$6,582; x-ray laboratories, \$940; clinical laboratories, \$562, and ambulance service, \$78.—San Francisco Call-Bulletin, September 30.

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Medical Society to Revise Index

To make the services of qualified physicians easily available to San Francisco's many newcomers, the San Francisco County Medical Society announced today it is revising and bringing up to date its official index of general practitioners and specialists.

Revision of the list to reflect its currently active membership is particularly necessary at this time because one-fourth to one-third of the city's doctors are serving in the armed forces.

Persons who need the services of a physician may telephone the Medical Society, 2180 Washington St., at Walnut 6100. Inquirers are furnished a list of available doctors whose names are chosen in rotation from a permanent file.—San Francisco News, October 5.

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Permanente Health Plan in Effect at Richmond

Richmond.—With the dedication last month of the Permanente Foundation Hospital in Oakland, made possible on a nonprofit basis to Richmond shipyard workers by Mr. and Mrs. Henry J. Kaiser and the Maritime

Commission, the Permanente Health Plan is being set up for each of the employees of the Richmond yards.

Already set up in Yards One and Three since August, the plan is now being put into operation at Yard Two.

Time checkers will be thoroughly instructed as to the details of the Permanente Health Plan, which is to operate for individual employees on a payroll deduction basis for those who sign up, and booklets which give the details of how to secure its benefits are now being circulated.

It is hoped that the Health Plan will greatly reduce manpower loss through illness which by means of immediate and adequate attention may be prevented.

Representatives of the Permanente Foundation will be available, it is reported, to explain in detail the employee benefits which can be derived from participation in the Health Plan.—San Francisco Bay Area Shipbuilder, September 13.

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Need for Planned Parenthood Urged at Mother Clinic Meet

"There is nothing more important just now than to see that every child coming into the world is born under circumstances that assure it health and proper environment. The problems facing us are severe, but if we can assure that the new babies are received into a world that will make them fine citizens, we are working toward the solution of many of our ills and establishing a worthwhile youth for tomorrow. There is no question but that dissemination of the knowledge of planned parenthood is one of the most tremendous contributions we can make to our times."

Speaking yesterday before a large number of San Diego's leading women at a luncheon meeting in the San Diego Women's Club of the San Diego Mothers' Clinic Association, its honored guest, Mrs. Hancock Banning, Jr., made that statement. Mrs. Banning, who came from Pasadena, is the chairman of the southern section of the California League of Planned Parenthood, of which the Mother's Clinic group is a part.

State Has Great Need

Citing the question often raised, "why stop having babies now when we need to replenish our youth?" Mrs. Banning called attention to the goal of the league, which is not to prevent the arrival of children, but to teach parents, so many of whom are involved in physical and economic problems in this war production period, how to space their arrival and assure the mother's best health and mental ease, which is reflected in the child's well being.

California, with its migrant population problem, has a tremendous need for this service, she pointed out, and "has a program to be proud of." San Diego's Mothers' Clinic is one of the few now operating in the State and is doing a splendid service, she said, under the leadership of Mrs. Irving E. Outcalt, president.

'Have Foot in Door'

Emphasis is not put on birth control, but on the idea of having babies when health and family finances of the family are ready for them, she stressed.

Speaking on organizational problems and plans, she reminded that the California League for Planned Parenthood is three years old and is now recognized as an integral part of the State's social work. "We have our foot in the door," she said, but urged concentrated work to gain universal understanding, the approval of the California State Medical Association and to have planned parenthood included as a public health measure with other maternity and child health services. The American Medical Association already has recognized the work of the league, she stated, but the California group has not as yet done so. . . .

Value of the work has been amply demonstrated, she said, by results obtained in a several months' service by a registered nurse in migrant camps in the northern valleys. The State league, she said, is hoping to put this nurse on permanently. "The only obstacle to our work is a lack of understanding as to what 'planned parenthood' means," Mrs. Banning reiterated. "Work of this nurse established such understanding and removed the fears and feeling of physical danger or harmful practices so prevalent with those who do not know its meaning." That California has the backing of the Parent-Teacher Association is a great point in assuring its final victory, Mrs. Banning commented. . . .—San Diego Union, September 25.

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Court Holds Drug Makers Responsible for Dire Effects
San Francisco, Aug. 20.—(AP).—A State Supreme Court

opinion held today that under certain circumstances the manufacturer should share responsibility with the prescribing physician if a drug has damaging effect upon a patient.

The opinion was delivered in quashing demurrers to a damage suit brought by Mrs. Cecilia Wennerholm against the Stanford University School of Medicine, the Stanford University Hospital, the Stanford Board of Trustees and the Cutter Laboratories of Berkeley, Calif.

Mrs. Wennerholm asked \$75,000, maintaining that a drug (dinetrophenol) she took during 1934 and 1935 to lose weight caused her to become completely blind. Her attorney told the court she had used the drug on advice of her physician because of representations the defendants had made for it in medical journals.

The Supreme Court, reversing the San Francisco Superior Court and the district court of appeals, both of which had sustained the defendant's demurrers, held that Mrs. Wennerholm had grounds for action. The court stated:

No cases have been cited to us which support the proposition advanced by defendants that in circumstances such as those alleged here, a prescribing physician must accept sole responsibility for the treatment which he chooses for his patient.

It seems to us a more reasonable view that one who manufactures and sells a drug dangerous to life and health, knowing it is dangerous, should be liable where . . . both physician and patient rely upon the representation made for the drug.—*Sacramento Bee*.

Luxury Nursing Out for Duration, Says Nurses at Wartime Parley

The invalid who expects a trained nurse to greet visitors, arrange flowers, and answer her telephone—is out of luck for the duration. Trained nurses are pledged to war service, and "luxury nursing" is 'out. Speakers put the emphasis on nursing essentials as the California State Nurses Association opened its first wartime convention today in Fresno. Miss Shirley Titus of San Francisco, director at headquarters, told what nurses are doing to meet this crisis, and Dr. Anthony J. J. Rourke, superintendent of Stanford University Hospital, warned about cutting out the "frills." Addressing the private duty section meeting, Dr. Rourke said:

"The nursing profession, through its war service program, has already achieved a great deal toward putting itself on war footing, but much still remains to be done. We should make sure that no nursing is used where it is not needed, but the public recognizes the necessity of foregoing luxury nursing.

"Registered nurses should be used only for professional duties, and should leave the other services to nurses' aides. Only by adherence to this principle, and with understanding from our patients, can we expect to overcome the increasing nurse shortage and properly protect the public health. To give the utmost of our nursing resources to the war effort, must be the mutual goal of the nursing profession and the hospital administration.

"I do not mean that standards should be lowered. There is no substitute for registered nurses. By the profession's own expanding efforts and the coöperation of all who have to do with the problems, machinery set up by the California State Nurses' Association can function effectively for victory." . . . —*San Francisco News*, October 3.

MEDICAL, EPONYM

Von Pirquet Reaction

Clemens F. von Pirquet (1874-1929), described "Tuberkulindiagnose durch cutane Impfung [Tuberculin Diagnosis by Means of Cutaneous Inoculation]" before the Berlin Medical Society on May 8, 1907, and his remarks were reported in *Berliner klinische Wochenschrift* (44:644, 1907). A portion of the translation follows:

"If a tuberculous child is inoculated with tuberculin, there appears at the site of the inoculation a small papule that is bright red at first, gradually becomes dark red, and fades out within a week. . . . Nearly all cases of clinical tuberculosis in children give a positive reaction. . . . With increasing age, the reaction becomes more and more frequent, so that among adults nearly all patients show this reaction."—R. W. B., in *New England Journal of Medicine*.

Basic Science Initiative: Vote by California Counties, with Precints

For Editorial Comment, see Page 283

Total Prcts.	County	Prcts. Rprtg.	YES	NO
1,428	Alameda	1,388	65,969	81,362
5	Alpine	5	14	53
25	Amador	25	410	1,135
133	Butte			
34	Calaveras	34	514	1,199
28	Colusa	7	53	76
237	Contra Costa	223	1,042	16,802
23	Del Norte			
45	El Dorado			
258	Fresno	238	5,949	16,301
35	Glenn	16	398	870
120	Humboldt	75	2,128	2,964
85	Imperial			
35	Inyo	27	458	956
307	Kern	163	3,769	8,930
66	Kings	63	1,413	4,597
32	Lake	32	488	1,405
49	Lassen			
5,312	Los Angeles	2,996	117,618	206,196
43	Madera			
129	Marin	129	6,139	6,078
22	Mariposa			
89	Mendocino			
78	Merced			
25	Modoc	8	105	288
8	Mono	1	11	63
128	Monterey	77	3,204	4,788
58	Napa	34	1,858	2,070
43	Nevada	6	23	83
263	Orange	263	9,579	26,940
66	Placer	15	271	889
31	Plumas			
179	Riverside	178	6,551	16,224
327	Sacramento	318	8,797	22,700
29	San Benito	29	1,149	1,092
386	San Bernardino	195	4,380	13,175
735	San Diego	321	9,134	17,151
1,187	San Francisco	1,187	87,741	71,676
244	San Joaquin	244	5,816	19,592
90	San Luis Obispo	42	1,569	2,805
281	San Mateo	168	14,764	14,876
132	Santa Barbara			
373	Santa Clara			
110	Santa Cruz	69	2,432	4,742
67	Shasta			
16	Sierra	3	37	104
76	Siskiyou	66	1,173	2,649
108	Solano			
181	Sonoma	137	4,362	7,898
132	Stanislaus	134	4,188	11,309
39	Sutter			
55	Tehama	54	1,034	2,022
24	Trinity	24	214	495
154	Tulare	135	4,192	10,598
48	Tuolumne	41	683	1,425
135	Ventura	134	3,610	9,006
52	Yolo	52	2,205	3,324
38	Yuba			
14,438	Totals	9,356	385,444	616,908

—San Francisco Examiner, November 5.

We live in deeds, not years; in thoughts, not breaths;
In feelings, not in figures on a dial.

We should count time by heart-throbs. He most lives
Who thinks most, feels the noblest, acts the best.

—P. J. Bailey, *Festus: A Country Town*.